Request for Proposals

for KIDS Management Authority (KMA) Planning Grants

Children's Mental Health Bureau
Montana Department of Public Health and Human Services

Proposal Deadline

Application **must be received** by the Children's Mental Health Bureau (CMHB) by 5 P.M. February 10, 2005. Late applications will be returned unread.

Maximum Request

$15,000

Match

Communities will identify a 25 percent match. Budgets should reflect the grant amount plus the community match. In-kind match is acceptable.

Note: In-kind contributions represent the value of non-cash contributions provided by the grantee. In-kind contributions could consist of charges for real property, nonexpendable personal property, the value of goods and/or services directly benefiting the project. Examples might include (but are not limited to) the use of office or meeting space, office supplies, staff or volunteer time. In-kind contributions that have already been matched to federal dollars are not eligible for use.

Availability

One planning grant will be made available to each of the five System of Care Planning Regions (see Appendix A). In the event that an acceptable proposal is not submitted from each region, the CMHB reserves the right to award more than one grant in regions that have submitted more than one acceptable proposal. In no case will more than one grant be awarded to a single community. In total, $75,000 will be made available, with one planning grant awarded to one community in each of Montana's five *System of Care* Planning Regions. (See map, Appendix A) These are one-time funds without possibility of renewal. The total eligibility period for this first year of the funding cycle is 15 months. Applicants are not eligible to receive more than one grant in a single grant year (e.g., an exploration grant and a planning grant).

Eligibility

Grants are available to any legal entity with the demonstrated ability to receive and manage funds, as well as to provide accountability for expenditures. This includes non-profits, city or county governments, tribes and tribal entities as well as for-profit entities. Funded entities must be able to provide proof upon request of fiscal accountability. This might include 990s, federal tax returns and/or certified audits. Nonprofits will submit proof of 501(c)(3) status with submission of this proposal.

Planning grants are designed to assist communities that have *progressed beyond the early stages of development* of the Kids Management Authority (KMA) that could be accomplished through KMA Exploration Grants. Planning grant communities will have decided to go forward with a KMA, will have identified the basic KMA partners and the service area and will be ready to develop the infrastructure necessary for implementation of a KMA.

Grant Period

March 10, 2005 – June 30, 2006 For applicants awarded a grant, funds are not available until a satisfactory contract has been negotiated and signed by the applicant and CMHB.

Overview

The Children's Mental Health Services Bureau (CMHB) is soliciting proposals for *planning funds*, to be made available to assist communities in their efforts to establish, improve and solidity the organizational structure of the local KIDS Management Authority (KMA). KMAs take a team approach to assisting children and youth with serious emotional disturbance who would otherwise be at risk of, or who are currently residing in, out-of-home placements. Typically, these children and youth are being served simultaneously by multiple agencies.

Funding for these grants comes from State General Fund monies budgeted to the CMHB. The purpose of the funds is to encourage a coordinated community response through a system of care to meet the needs of seriously emotionally disturbed children and youth and their families.

Purpose of Funds

The purpose of the planning grant funds is to help communities that have may have established rudimentary or informal KMAs, and will further community efforts to strengthen, implement and look toward sustaining a local KIDS Management Authority (KMA). These funds will be available to communities that are ready to plan for the implementation of a KMA. Planning grants will allow communities to build the infrastructure necessary to sustain a KMA, and can be used to assist with creating the structure, protocols and strategies for individual youth coordination teams.

Background

The 2003 Legislature continued the work of Senate Bill 454, Montana's first multi-agency children's bill, in the form of Senate Bill 94. This statute charges the State of Montana, under guidance of the Department of Public Health and Human Services (DPHHS) with the creation of a system of care for children and youth with serious emotional disturbance (SED) and their families. The system includes an infrastructure and comprehensive continuum of services for these children and youth, who are typically served by multiple agencies. **Exploration grants** will be used to take the first steps in developing community-level KMAs, which will provide the local infrastructure upon which a comprehensive, statewide system of care will be built. **Planning grants** will take the next steps in terms of building the actual infrastructure for KMAs. The ultimate goal is to ensure that collaborative KMA teams are in place at the community level, working together toward common goals and objectives in support of providing an effective, child-centered, family focused continuum of services dictated by the needs of the child and family. Parental involvement is one of the core concepts in the Systems of Care approach.

Senate Bill 94 also provided for the establishment of the Children's System of Care Planning Committee (SOC Committee), which coordinates the development of the state's system of care. The committee is comprised of representatives from: state agencies that provide services to children; providers; parents; Native Americans; and Advocates. The state, through the SOC Committee, provides leadership in the development of the system of care and Kids Management Authorities at the community level.

KMAs have two primary functions: development of a continuum of care within the community, and case planning/coordination of services for individual youth with SED and their families. Characteristics of an effective KMA include:

- Service design and delivery mechanisms based on the strengths of the youth, the family and the community;
- Awareness of and responsiveness to familial, cultural, racial and ethnic differences;
- A focus on prevention and early intervention;
- An orientation toward outcomes and results; and
- Funding mechanisms that blend available resources.

Further information about the background of these efforts, KMAs and systems of care is available in Appendix B: *Montana's KIDS Management Authority Narrative.*

Use of Funds

Planning grant funds are to be used by communities to build the capacity and infrastructure necessary to meet all requirements of the KMA as set forth in the KMA Narrative (Appendix B) by the end of the

funding year. Funds can only be used for infrastructure development, but may be used in a variety ways related to infrastructure development, including but not limited to:

- Hiring a project coordinator;
- Facilitation and training;
- Creation of a community-level plan to that demonstrates how partners have begun to function as a team that is in process of moving from independent, co-existing efforts to a single, unified, child-centered, family driven team;
- Develop interagency agreements;
- Professional facilitation and/or consulting services; and
- Training and/or technical assistance for key potential partners around the KMA and system of care concepts; and
- Travel, per diem and lodging costs are allowed, but cannot exceed state rates. For more information on these rates, go to www.state.mt.us/doa, click on resources, then on travel.

Funds may not be used for direct service, to supplant existing funds, to purchase or lease vehicles or equipment, to pay indirect costs, or to reimburse pre-agreement costs.

Narrative Requirements

The narrative for the KMA Planning Grant will not exceed 5 pages, with an additional page for the budget and budget narrative. The narrative will be single-spaced with one-inch margins, Size 12 font. Applications failing to follow these requirements will not be reviewed.

Narrative components:

1. **Service area:** The narrative will provide a description of the community to be served. The applicant can choose the service area, but must use legally recognized geographic boundaries. (Example: the community to be served will be the greater Helena area, to include the City of Helena, the five Census Designated Areas immediately surrounding Helena (Helena Valley Northeast, Helena Valley Northwest, Helena Valley Southeast, Helena Valley West Central and Helena West Side) and East Helena. The service area could also be a county, a multi-county area, a reservation or any other clearly defined, recognizable geographic area.
2. **Service Area Demographics** including population, ethnicity and other demographic factors deemed relevant by the applicant, including the population of youth and families in the service area. Some community data is available through the *2004 Prevention Needs Assessment Survey* or the *2003 Youth Risk Behavior Survey*.
3. **Service Population:** Project the number of local SED youth and their families who will ultimately be served by the KMA. Describe the number of local children and/or youth with SED who are currently being served through out-of-home placements.
4. **Description of Applicant**: Provide a clear description of the applicant, its legal status and its capacity to manage funds. Identify the party(ies) responsible for planning grant activities.
5. **KMA Partners**: Provide a list of the key community partners who will be involved in planning grant efforts. Describe the roles of the partners in the planning activities and provide a preliminary Memorandum of Understanding from the key partners.
6. **Parental Involvement**: Describe how parents and families will be involved in the development of policy, protocols and processes, as well as how they will be involved in the KMA teams, once formed.
7. **Goals**: Identify measurable goals for the planning grant. They should be clear, have a plan of action and timelines attached. The expectation is that the planning grant region will be able to meet all KMA guidelines by the end of the grant year.

Budget and Budget Narrative

1. The application must include a complete budget that includes the full grant amount in addition to the 25 percent required match. A succinct description of source and type of 25% match must be included in the narrative. For those applicants awarded a grant, documentation of the match or

commitment to provide match must be provided before a contract may be completed between the applicant and the department.

2. Please see Appendices D for the Budget and Budget Narrative Form.

Application Requirements

1. All proposed activities must be completed by June 30, 2006
2. A maximum 10-page report on the activities, results, formalized partnerships, line-item budget and progress toward the goals set for the grant will be due six weeks after completion of the activities.
3. Funded applicants must sign all appropriate certifications and assurances prior to receipt of funds, and will agree to abide by all applicable state and federal laws, as well as to abide by all applicable HIPAA requirements and guidelines.
4. A preliminary Memorandum of Understanding (MOU) among key partners will be submitted with the grant application. Final MOUs must be approved by Children's Mental Health Bureau staff prior to receipt of funding.
5. A meeting will be scheduled to give all interested parties the opportunity to ask questions prior to submission of an application.

Attachments

Attachments may not exceed 5 additional pages. Please include a preliminary Memorandum of Understanding from key planning grant partners. Prior to receipt of funds, all Memoranda of Understanding must be approved by the Children's Mental Health Bureau (CMHB). Sample MOUs are available upon request.

Note: 501(c)(3) status documentation, as appropriate, does not count as part of the 5 pages.

Selection Process

The staff of the CMHB will conduct an initial screening of the proposal to check for completeness. The System of Care Planning Committee or its designated representatives will serve as the review committee. Funding recommendations will be provided to applicants by March 10, 2005.

A Complete Application Will Include:

- ✓ Face Sheet (Appendix C)
- ✓ Project Narrative (5 pages maximum)
- ✓ Project Budget and Budget Narrative (1 page)
- ✓ Copy of 501(c)(3) status, if applicable (not included in attachment word count)
- ✓ Preliminary Memorandum of Understanding from key partners (does not have to be included in attachment word count)
- ✓ Signed assurance form (Appendix E)
- ✓ Attachments not to exceed 5 pages

Send or deliver one original and four copies attention to:

Pete W. Surdock, Jr., M.S.W., ACSW, Bureau Chief
Children's Mental Health Bureau
Health Resources Division
Department of Public Health and Human Services
1400 Broadway - Cogswell Building - Room A206
P.O. Box 202951
Helena, MT 59620-2951

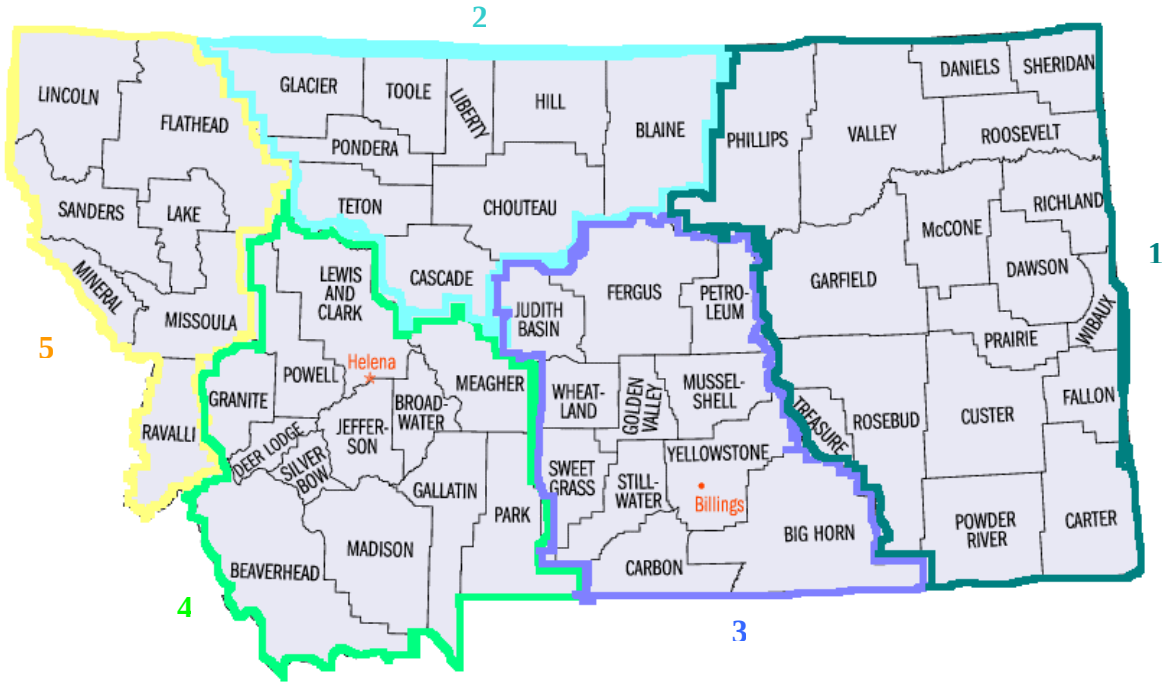
For assistance, contact:

Pete W. Surdock, Jr., M.S.W., ACSW, Bureau Chief
(406) 444-1290
E-mail: psurdock@mt.gov

Children's Mental Health Bureau will hold a METNET information meeting February 1, from 2 – 4 p.m. for those communities/applicants, and interested parties that have questions related to the **Planning Grant.** The purpose of the February 1 meeting is to respond to questions that help clarify expectations of and/or requirements under the grant. A summary report of the METNET meeting will be posted on the DPHHS website by February 4, 2005. Parties who have questions may submit their question(s) to Pete W. Surdock, Jr., M.S.W., ACSW, Bureau Chief, Children's Mental Health Bureau. Written questions received by January 28, 2005 will have responses posted on the Department of Public Health and Human Services website at the address listed below by February 4, 2005. The questions and responses will also be shared during the METNET. Although the METNET is scheduled for two hours, the meeting will continue only as long there is sufficient participation to support continuation, but will not go beyond the two hours scheduled.

Website access: go to http://www.dphhs.mt.gov, click on "About Us", click on "Boards and Councils", then click on "Children's System of Care Planning Committee". A copy of this letter and the grant announcements is posted here. When the responses to the questions and the METNET summary are completed they will also be posted here.

Appendix A
System of Care Planning Regions



Region I	Region II	Region III	Region IV	Region V
Eastern	North Central	South Central	South West	North West
Miles City	Great Falls	Billings	Helena	Missoula
Counties Carter Custer Daniels Dawson Fallon Garfield McCone Phillips Powder River Prairie Richland Roosevelt Rosebud Sheridan Treasure Valley Wibaux	**Counties** Blaine Cascade Choteau Glacier Hill Liberty Pondera Teton Toole	**Counties** Bighorn Carbon Fergus Golden Valley Judith Basin Musselshell Petroleum Stillwater Sweet Grass Wheatland Yellowstone	**Counties** Beaverhead Broadwater Deer Lodge Gallatin Granite Jefferson Lewis and Clark Madison Meagher Park Powell Silver Bow	**Counties** Flathead Lake Lincoln Mineral Missoula Ravalli Sanders
Reservations Fort Peck Northern Cheyenne	**Reservations** Fort Belknap Blackfeet Rocky Boys	**Reservations** Crow	**Reservations**	**Reservations** Flathead

Appendix B: *Montana KIDS Management Authority Narrative*

An Introduction to Montana's Kids Management Authorities (KMAs)

Background:

During the 2003 Legislative Session, the Legislature continued the work of Senate Bill 454, (Title 52, Chapter 2, Part 3), Montana's first multi-agency children's bill, in the form of Senate Bill 94. This statute charges the State of Montana, under the guidance of the Department of Public Health and Human Services (DPHHS), with the creation of a system of care. The system includes both an infrastructure and a comprehensive continuum of services for Montana's high-risk youth and their families, who are currently served by multiple agencies.

Senate Bill 94 also provided for the establishment of the Children's System of Care Planning Committee (SOC Committee), which coordinates the development of the State's system of care. This committee's membership is comprised of representatives from:

- State agencies which provide services to children;
- Parents
- Providers
- Native Americans; and
- Advocates.

The State, through the SOC Committee, provides leadership in the development of the system of care and Kids Management Authorities (KMAs) within Montana's communities.

This system will be designed through the efforts of the State and local communities. The KMA is the infrastructure upon which the State system of care will be built. The State is committed to this approach and has committed a limited amount of financial resources toward helping communities establish KMAs. The State, in partnership with the community, shares in the responsibility to ensure all KMA Community Team members are working together toward common goals and objectives.

The State also supports the development of KMAs on Montana's reservations. Because these organizations will be sensitive to the cultural structure of the respective reservations, this may result in a KMA that appears somewhat different than a non-reservation KMA. However, adherence to the basic principles and values of a system of care would still be foremost in their creation.

The KMA is built upon the values and principles of a system of care (articulated by Stroul and Friedman, *"Building Systems of Care - A Primer"*, 2002):

- *A system of care should be child centered and family focused, with the needs of the child and family dictating the types and mix of services provided.*

- *The system of care should be community based, with the locus of services as well as management and decision-making responsibility resting at the community level.*

- *The system of care should be culturally competent, with agencies, programs, and services that are responsive to the cultural, racial, and ethnic differences of the populations they service.*

How it works:

The KMA is the infrastructure that supports a comprehensive and statewide system of care. The KMA has two primary functions, development of a continuum of care within their respective community, and case planning and coordination for individual youth with SED and their families. This system of care is child-focused and family-driven. It also provides wrap-around services to youth and their families within their community. Characteristics of the system include:

- A service design and delivery based upon the strengths of the youth, family, and community;
- An awareness of familial, cultural, racial, and ethnic differences;
- A focus on prevention/early intervention;
- An orientation toward outcome/results; and
- A funding mechanism that blends available resources.

The SOC Committee, together with community KMAs, identifies training needs, service gaps, funding, and other barriers to service delivery. Together, they implement responses to identified needs.

Funding:

In order for KMAs to be sustained over time, funding for operations must come from a variety of sources. Ideally, this funding should be flexible and not connected to any one category. The use of funds should be related to best practice principles and serve the needs of youth and their families.

Administrative functions related to KMAs will need assistance, including financial support. The DPHHS Health Resources Division's Children's Mental Health Bureau is committed to identifying funding to assist local KMAs.

Who KMAs help:

KMAs are geared primarily toward children with serious emotional disturbances who are at risk of, or currently residing in, out-of-home placement. These youths are typically served by many agencies.

The primary population also includes children under the age of six. The multiple treatment needs of these youths evolve and change over time.

Each KMA has the discretion to serve a secondary population of youth based on its ability to do so.

KMA Community Design Team Membership:

The KMA Community Team is a multi-agency community organization comprised of:

- Parents;
- Youth;
- State agencies serving children, including the DPHHS divisions of Child and Family Services, Developmental Disabilities, and Health Resources, as well as the Department of Corrections and Youth Court;
- Other programs that serve Montana's youth, including First Health;

- Tribal representatives;
- Providers; and
- Advocates.

KMA Community Team representatives will have the authority to make decisions about and allocate money for services to youth and their families. When the KMA is serving a Tribal community, Tribal representatives must have the opportunity to participate as full members in the KMA.

Because KMAs are local organizations, Tribal communities may wish to develop them respective to their communities as an option to joining off-reservation KMAs. To ensure coordination with Service Area Authority (SAA) activities, a representative of the regional SAA must have the opportunity to participate as a full member in the KMA. The KMA may add representatives of other community organizations and leaders as appropriate.

KMA Community Team Goals and Tasks:

Goal 1: Design, implement, and support a community-based system of care for youths and their families.

The KMA will accomplish this goal in two ways: As leaders within their communities, Community Team members identify gaps in the community system and develop needed resources for youth and their families. As the Youth Coordination Team, the KMA plans, coordinates, and delivers services to individual youth and their families within communities.

Task 1: Build consensus among agencies in order to create a community focused on improving the lives of children and their families.

Task 2: Identify and/or create funding sources. This includes exploring various funding avenues, from fund raising to grant granting, as well as blending available monies in creative and flexible ways.

Task 3. Conduct broad-based community assessments; profile local gaps, strengths, and assets; and locate and/or establish needed resources within the community.

Task 4. Develop policies and procedures to ensure a unified and comprehensive delivery of services.

Task 5. Design data gathering methods, processes, and distribute data about all aspects of the needs of youth with serious emotional disturbance and their families to the State, community, providers, and the consumer.

Task 6. Track and monitor outcomes, collect data, and analyze information to support learning and decision making.

Task 7. Serve as a gateway to the SED waiver established by the State.

Goal 2: Integrating wrap-around philosophy into service delivery.

Task 1. Develop mechanisms at the local level that ensure providers adhere to the basic principles of wrap-around philosophy as they implement plans developed by the Individual Care Coordination Team. This philosophy emphasizes that services will be delivered in full partnership with families, stressing the importance of outcomes and cultural competence.

Goal 3: Reduce the stigma surrounding serious emotional disturbances for individuals and their families.

Task 1. Serve as local educators regarding the comprehensive treatment process and needs of youth with serious mental illnesses and their families.

Task 2. Establish and implement a plan for identifying and training parents and youth to be active in policy making functions of the KMA and the system of care. Provide training to parents and youth to serve as mentors to other parents, and formalize their roles as parent/youth advocates.

Goal 4: Partner with the State to provide information on the system's needs and development, participate in policy development, and educate legislators on the needs of youth with serious emotional disturbances and the impact on their families.

Task 1: Identify barriers to the delivery of services and communicate to the SOCs committee.

Task 2: Assist in adjusting policies, procedures, administrative rules, and protocols for the service system to accommodate integrated programming and a seamless continuum of care for youth.

Task 3. Serve as consultants/mentors by sharing ideas, experiences, and expertise with other communities.

KMA Individual Care Coordination Team Membership:

The Youth Care Coordination Team at a minimum consists of representatives from all State agencies that serve children. These representatives must have the authority to make fiscal decisions regarding services to youth and their families. Membership is specific to the youth and family being served. The parent is the key member and participant of this team, unless parental rights have been modified. The team leader for each meeting is established by the team.

In addition to these members, the youth's case manager, parole officer, and/or social worker are expected to participate in the planning, monitoring, and delivery of services developed by the Team.

Membership on the team may vary according to the needs of the child and his family, and may include:

- Caregivers;
- Mentors;
- Neighbors;
- Clinical consultants;
- Legal advocates;
- Agency representatives;
- School personnel;
- Tribal representatives;
- First Health; and
- Other individuals who best know the strengths and needs of the youth, family, and service system.

The team serves as the means by which all efforts and resources of the community and involved parties are organized and delivered in a comprehensive and unified way.

KMA Individual Care Coordination Team Goal/Tasks:

Goal: The Youth Coordination Team enhances access to an integrated, wrap-around system of services designed for the individual needs of children with serious emotional disturbances and their families.

Task 1: Meet as needed to coordinate service planning, delivery, and funding.

Task 2: Monitor service delivery for high-cost youth.

Operations:

The KMA's Community Team conducts its meetings on a regular basis at a place and time designated by its members. These meetings are focused on system issues and service continuum development. They are open to the public, except when specific cases are part of the discussion.

Youth Coordination Team meetings are limited to those individuals who need to be involved in the delivery of services or whose attendance has been requested by the youth and/or family. These meetings must adhere to HIPAA confidentiality requirements. The KMA will develop protocols for referrals based on individual community needs. Children may access the KMA by an agency, through a case manager, or by a member of the KMA team.

Under Montana law, KMAs meet the definition of a County Interdisciplinary Child Information Team and must abide by all related confidentiality standards. All agencies committed to being a part of the KMA must sign a Memorandum of Understanding and comply with HIPAA regulations.

The Benefits of a KMA:

The benefits of having a KMA for high-risk youth, their families, and their communities are many, including:

- Children and their families have a unified plan of care, which minimizes confusion;
- Children and their parents are the most significant members of the Youth Coordination Team;
- Children and their families experience fewer crises;
- Children receive the majority of their care in family-centered, community-based settings;
- Children are more competent at home and at school;
- Parents have a better support system; and
- Parents are more satisfied and empowered in the design and delivery of services for their children.
- Services and treatment is based on the strengths of the youth and family.

Its advantages for agencies include:

- Increased trust regarding the planning and delivery of services to youth and their families;
- Easier information sharing among agencies;
- Reduced paper work and administration;
- Unification in the care plan for children and families with multi-agency needs;
- Reduced pressure on partner agencies' budgets, allowing for the transfer of resources to more preventative and less costly services.

Its advantages for the community include:

- Ownership and accountability for children and their families' development in the community;
- Involvement in a creative process of providing services to youth and their families;
- An awareness and utilization of informal community supports for children and their families; and
- An increased sense of satisfaction regarding the accountability and effectiveness of services provided to youth and their families.

Challenges of a KMA:

While there are many benefits surrounding the establishment of KMAs, they are equally accompanied by challenges for participants, including:

- Resisting change, which may require altering the manner in which decisions are made;
- Sharing in the process of service planning;
- Changing the philosophy about how those decisions are made (family driven vs. agency driven), which could be met with some resistance;
- Accepting the values and philosophy of a KMA among agencies, which could be met with resistance;
- Evidence-based service development and delivery may be new challenges for the system of care;
- Funding source restrictions;
- Lack of appropriate services (such as family focused services and community based services); and
- Lack of provider networks.
-

Revised 11/12/04

GLOSSARY OF TERMS

SED	Serious Emotional Disturbance
SOC	Children's System of Care Planning Committee
KMA	Kid Management Authority
SAA	Service Area Authority
DPHHS	Department of Public Health and Human Services

Children's Mental Health Bureau
KMA *Planning* Grants
Appendix C: Face Page

Applicant Agency:			
Address:			
City	State	Zip	Phone
County	Agency E-Mail:		
Federal Employer or Payee Identification Number (FEIN):			
Private Nonprofit (*circle one*): Yes *(If yes, attach IRS Documentation)* No			
Responsible Party:	Title		
Address			
City	State	Zip	Phone
County	E-Mail		
Project Timeline	**Date of Award:** **March 1, 2005**		**Anticipated Completion Date:** **(by June 30, 2006)**
Project Service Area: **System of Care Planning Region:**			
Project Description: (Please provide a one or two sentence synopsis of your proposed project.) **KMA Planning Grant Partners:** (Please provide a list of the partnerships established.)			
Project Budget: Total budget **CMHB Planning Grant: $** **Local Match: $**			

Appendix D: Planning Grant Budget & Budget Narrative

Budget Item *(Sample items appear below. Allowed costs may include these and/or other costs as described in the Request For Proposal.)*	**CMHB Planning Grant**	**Local Match**	**TOTAL**
Contracted Services	$		
Salary			
Fringe benefits			
Travel and Per Diem			
Other			
TOTAL	$		
Total Project Budget ***Combined totals for all columns***	**$**	**$**	**$**
CMHB Share of Project Budget _____%	**%**	**%**	**%**

Budget Narrative:

Please describe how you arrived at and calculated the Project Budget.

Appendix E: Assurance Form and Information

CERTIFICATION OF COMPLIANCE WITH CERTAIN REQUIREMENTS FOR DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES CONTRACTORS (MAY 2003)

The Contractor, _____, for the purpose of contracting with the Montana Department of Public Health & Human Services, certifies to the Department its compliance, as may be applicable to it, with the following:

A. That the Contractor does not act in collusion with other contractors for the purpose of gaining unfair advantages for it or other contractors or for the purpose of providing the services at a noncompetitive price or otherwise in a noncompetitive manner.

B. That the Contractor is an independent contractor; that it maintains necessary and appropriate workers compensation and unemployment insurance coverage; that it is solely responsible for and must meet all labor and tax law requirements pertaining to its employment and contracting activities, inclusive of insurance premiums, tax deductions, tax withholding, overtime wages and other employment obligations that may be legally required with respect to it.

C. That the Contractor, any employee of the Contractor, or any significant subcontractor in the performance of the duties and responsibilities of the proposed contract, are not currently suspended, debarred, or otherwise prohibited from entering into a federally funded contract or participating in the performance of a federally funded contract.

D. That the Contractor is in compliance with all of the privacy, electronic transmission, coding and other requirements of the Health Insurance Portability And Accountability Act of 1996 and its implementing rules as may be applicable to the Contractor.

E. That the Contractor, if receiving federal monies, does not expend federal monies in violation of federal legal authorities prohibiting expenditure of federal funds on lobbying federal and state legislative bodies or for any effort to persuade the public to support or oppose legislation.

F. That the Contractor, if receiving federal monies, prohibits smoking at any site of federally funded activities that serves youth under the age of 18. This is not applicable to sites funded with Medicaid monies only or to sites used for inpatient drug or alcohol treatment.

G. That the Contractor, if receiving federal monies, maintains drug free environments at its work sites, providing required notices, undertaking affirmative reporting, et al., as required by federal legal authorities.

H. That the Contractor manages any real, personal, or intangible property purchased or developed with federal monies in accordance with federal legal authorities.

I. That the Contractor, if receiving federal monies, is not delinquent in the repayment of any debt owed to a federal entity.

J. That the Contractor, if expending federal monies for construction purposes or otherwise for property development, complies with federal legal authorities relating to flood insurance, historic properties, relocation assistance for displaced persons, elimination of architectural barriers, metric conversion, and environmental impacts.

K. That the Contractor, if expending federal monies for research purposes, complies with federal legal authorities relating to use of human subjects, animal welfare, biosafety, misconduct in science and metric conversion.

L. That the Contractor, if receiving $100,000 or more in federal monies, complies with all applicable standards and policies relating to energy efficiency which are contained in the state energy plan issued in compliance with the federal Energy Policy and Conservation Act.

The Contractor is obligated during the duration of the contractual relationship to abide by those requirements pertinent to it in accordance with the governing legal authorities.

Not all of these assurances may be pertinent to the Contractor's circumstances. This certification form, however, is standardized for general use and signing it is intended to encompass only provisions applicable to the circumstances of the Contractor in relation to the federal and state monies that are being received.

These assurances are in addition to those stated in the federal OMB 424B (Rev. 7-97) form, known as **"ASSURANCES - NON-CONSTRUCTION PROGRAMS"**, issued by the federal Office of Management of the Budget (OMB). Standard Form 424B is an assurances form that must be signed by the Contractor if the Contractor is to be in receipt of federal monies.

There may be program specific assurances, not appearing either in this form or in the OMB Standard Form 424B, that the Contractor may have to provide by certification.

This form, along with OMB Standard Form 424B, are to be provided with original signature to the Department's contract liaison. The completed forms are maintained by the Department in the pertinent purchase and contract files.

Further explanation of several of the requirements certified through this form may be found in the Department's standard Request For Proposal (RFP) format document, standard contracting requirements document, and set of standard contract provisions. In addition, detailed explanations of federal requirements may be obtained through the Internet at sites for the federal departments and programs and for Office for Management of the Budget (OMB) and the General Services Administration (GSA).

NAME OF CONTRACTOR: _____

By: _____ Date _____

_____ as _____
Typed/Printed Name Title

_____
Address

_____
City, State Zip

_____
Phone Number

_____
Federal I.D. Number

SOURCES OF INFORMATION ON THE PRIVACY, TRANSACTIONS AND SECURITY REQUIREMENTS PERTAINING TO HEALTH CARE INFORMATION OF THE FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

The following are sources of information concerning the applicability of and implementation of the privacy, transactions and security requirements of HIPAA. The Department of Public Health & Human Services requires that Contractors generating, maintaining, and using health care information in relation to recipients of State administered and funded services be compliant with the requirements of HIPAA.

There can be difficulty in interpreting the applicability of HIPAA to an entity. It is advisable to retain knowledgeable consultants or attorneys to advise concerning determinations of applicability.

Websites specified here may be changed without notice by those parties maintaining them.

FEDERAL RESOURCES:

The following are official federal resources in relation to HIPAA requirements. These are public sites.

1. U.S. Department Of Health & Human Services / Centers For Medicare & Medicaid Services

   www.cms.gov/hipaa

   The federal Department of Health & Human Services/Centers For Medicare & Medicaid Services (CMS) provides information pertaining to transactions, security and privacy requirements under HIPAA, including the adopted regulations and various official interpretative materials. CMS is responsible for the implementation nationally of the transactions and security aspects of HIPAA.

2. U.S. Department of Health & Human Services/Office Of Civil Rights

   www.hhs.gov/ocr/hipaa

   The federal Department of Health & Human Services/Office Of Civil Rights (OCR) provides information pertaining to privacy requirements under HIPAA, including the adopted regulations and various official interpretative materials. This site includes an inquiry service. OCR is responsible for the implementation of the privacy aspects of HIPAA and serves as both the official interpreter for and enforcer of the privacy requirements.

3. U.S. Department of Health & Human Services/Centers For Disease Control & Prevention

   www.cdc.gov/privacyrule

   The federal Department of Health & Human Services/Centers For Disease Control & Prevention (CDC) provides information pertaining to the application of privacy requirements under HIPAA to public health activities and programs.

OTHER NATIONAL PUBLIC RESOURCES:

WEDI/SNIP

www.wedi.org/snip

The Workgroup For Electronic Data Interchange is a collaborative national effort, inclusive of the federal entities, that has undertaken a broad effort at the implementation of HIPAA, in particular the electronic transactions and security aspects, known as the Strategic National Implementation Process. There are several regional and state based WEDI/SNIP efforts. There is not one, however, that covers Montana.

STATE RESOURCES:

1 Montana Collaborative Website

www.hipaamontana.com

This site is a collaborative website of several entities, including the Department of Public Health & Human Services, that provides information to the public on HIPAA as it relates to entities in Montana. The Department's policies and forms, pertaining to implementation of HIPAA, appear at this site. This site also provides an analysis as to the interplay of HIPAA with Montana laws on confidentiality.

2. Department Website For Medicaid Providers

www.mtmedicaid.org

This site provides information for providers of services funded with medicaid monies. HIPAA requirements in relation to medicaid state plan services are described at this site.

PROVIDER ASSOCIATIONS:

Many national and state provider associations have developed extensive resources for their memberships concerning HIPAA requirements. Those are important resources in making determinations as to the applicability and implementation of HIPAA.

CONSULTANT RESOURCES:

There are innumerable consulting resources available nationally. The Department does not make recommendations or referrals as to such resources. It is advisable to pursue references before retaining any consulting resource. Some consulting resources have proven to be inappropriate for certain types of entities and circumstances and some may lack the necessary knowledge concerning the applicability and implementation of HIPAA.